



2024-2025

# Before School Zone

## PROGRAM INFORMATION

**Monday-Friday**

**Sept. 3, '24 - June 12, 2025**

**7:00 a.m. - 8:00 a.m.**

**Grades: K-6**

**Cost: \$50/child**

**Worcester County  
Recreation Center**

6030 Public Landing Rd, Snow Hill MD 21863



Our Before School Zone program will give parents the opportunity to drop their children off before school hours. During this time, children can play board games, cards, color, read a book, or finish their homework in a fun, safe and supervised environment.

**Transportation will be provided to Snow Hill Elementary and Middle School. This program is only offered if school is opening on time. Before Care will NOT be held if school is closed, canceled or delayed.**

## HOW TO REGISTER

In person, mail or online at  
[www.PlayMarylandsCoast.org](http://www.PlayMarylandsCoast.org)

All payments must be received prior to participation  
Make checks payable to: Worcester County



WORCESTER COUNTY  
Recreation & Parks



For more information contact Kelly Buchanan at  
(410) 632-2144 x2503 or [kbuchanan@marylandscoast.org](mailto:kbuchanan@marylandscoast.org)

# Youth Registration Form

Please use a separate registration form for each participant under 18.

Worcester County 2024

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Circle T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, for myself and on behalf of my child, release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my child's participation in this program. I agree to indemnify the Indemnities against all claims, including court costs and attorney fees, arising from that participation. I recognize that participation in recreation and instructional activities, even when well supervised and managed, may pose a risk of physical injury to my child. Acknowledgement of Ability: My child is physically healthy and able to participate in this program. (Worcester County is committed to providing reasonable accommodations to all participants. If your child has special needs, please notify the Department of Recreation & Parks at 410.632.2144. We cannot guarantee that your request will be met unless we are notified in advance.) Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense, for my child in the event of an injury or illness during the program. I acknowledge that the County provides no insurance protecting my child. Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes.

NOTICE: If the staff of the Worcester County Department of Recreation & Parks cancels an entire program, the staff will refund all monies. Other cancellations on the part of the participant must be made prior to one week before the start of the program to be eligible for a refund. Any cancellations made by a participant after the above stated timeline will be non-refundable. If a participant is suspended after a program due to inappropriate behavioral issues, no refund will be given for that program. If a medical condition arises that prohibits a participant's ability to participate in the program, a refund will be issued only if a doctor's note is submitted to the staff at the Recreation Center and a prorated percentage of the registration will be refunded. For example, if half of the program has occurred you will only be refunded half of the registration fee.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash, Chk, or CC # \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_ CAF \_\_\_\_\_